

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10-14-05</u>		2 Serial/Patent # <u>10/529650</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$50.00						
		8 TO BE REFUNDED BY:								
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
	No Fee Due (Explanation):									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Barbara Campbell</u>		TITLE: _____								
SIGNATURE: <u>[Signature]</u>		PHONE: _____								
OFFICE: <u>ACT/DO/EO</u>		Refund Ref: <u>25/14/2885</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		Credit Card Refund Total: \$50.00								
		DATE: _____								
Am Exp. - YYYYYYYYYYYYYY										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

RECEIVED
 10/14/2005
 09001093
 11:58 AM
 50.00 DP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/529650

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	20 minus 20 = *	—
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☒

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	150
EXAM. FEE	100
SEARCH FEE	200
X \$ 125 =	—
X \$ 25 =	—
X \$ 100 =	100
+ \$ 180 =	—
TOTAL	550

OR

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	20	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 20	Minus	** 20 = 0
Independent	* 4	Minus	*** 4 = 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	—

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.